

UTAH SCHOOL AND EARLY CHILDHOOD PROGRAM



IMMUNIZATION GUIDEBOOK 2008/2009



Utah Department of Health
**IMMUNIZATION
PROGRAM**
Immunize for healthy lives

**For School & Early Childhood
Program Personnel**

UTAH SCHOOL & EARLY CHILDHOOD PROGRAM IMMUNIZATION GUIDEBOOK

INTRODUCTION

The Utah Immunization Program and the Utah State Office of Education are pleased to provide you with the *Utah School & Early Childhood Program Immunization Guidebook*. This guidebook is designed to make the Utah Immunization Rule for Students (R396-100) clearer and easier to understand for school and early childhood program personnel who must administer the rule. It is also intended to help health care providers understand how this rule applies to the children they serve. It has been designed to be used in conjunction with Utah Statutes and Rules for Immunization which have been included in this guidebook as Appendix A.

Prior to the implementation of a statewide school entry law for immunizations in 1975, school districts and some local boards of health set immunization requirements jointly or independently for school aged children. Upon its implementation, consistent requirements have protected children attending Utah's schools and early childhood programs from many vaccine-preventable diseases. In the past, these diseases caused significant illness and death. The success of the Immunization Rule for Students is a direct result of the tremendous collaboration among school and early childhood program personnel, health care professionals, and parents.

The Utah Immunization Program and the Utah State Office of Education recognize that immunization schedules are very complex and often require a great amount of time and effort to ensure Utah's children are adequately protected from many of these diseases. We appreciate your continued support for the Immunization Rule for Students and your dedication to Utah's children. If you have any questions concerning immunization requirements, please call the **Utah Immunization Program** at **(801) 538-9450**, or contact your local public health department.



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SECTION 1

INDIVIDUAL VACCINE REQUIREMENTS

The following section outlines each required vaccine and the schedule to be followed, including minimum intervals between each dose of vaccine. If a student has fallen behind schedule, the minimum interval table (see p. 9) may be used to get the student “up-to-date”. Otherwise, the recommended schedule should be followed as outlined. As every possible variation to the schedule can not be explained here, and there are questions about a particular schedule, please contact the Utah Immunization Program at 801-538-9450.



DIPHTHERIA, TETANUS, PERTUSSIS

A student must be immunized for Diphtheria, Tetanus, and Pertussis before entering a Utah school or early childhood program for the first time. The following three schedules apply to the administration of Diphtheria, Tetanus, and Pertussis for children under age ten years:

1. Schedule 1: A student must receive five doses of Diphtheria, Tetanus, and acellular Pertussis (DTaP), or Diphtheria, Tetanus, and whole cell Pertussis (DTP), or pediatric Diphtheria and Tetanus (DT). Administer the 1st three doses a minimum of one month apart, the 4th dose six months or more after the 3rd dose. The 5th dose (booster dose) is required before the student enters kindergarten. *(If the 4th dose is administered on or after a student's fourth birthday, the 5th dose is not needed).* DTaP is currently recommended for all doses of the series.

a) If a student received the 4th dose of DTaP 4-6 months after the 3rd dose, it does not need to be repeated and can be accepted. This is for auditing purposes ONLY! This should not be accepted or encouraged as routine practice. Six months is the recommended interval between dose 3 and 4. (William L. Atkinson, MD, MPH – CDC National Immunization Program)

b) A student who has received six or more doses before the seventh birthday does not require more, regardless of spacing. (William L. Atkinson, MD, MPH – CDC National Immunization Program)

For students in these situations, proper documentation including the date, initials and an approval statement on the student's immunization record is strongly recommended to avoid confusion in the future.

2. Schedule 2: A student who is seven years or older and who has not completed the primary series must receive three doses of adult Tetanus/Diphtheria (Td). The 1st two doses must be administered a minimum of one month apart and the 3rd dose administered six months after receiving the 2nd dose. If the series was started before the student's seventh birthday with DTaP, DTP, or DT, the prior doses may be counted toward the three-dose schedule of Td.

3. Schedule 3: A student who is seven years and has not received any of the Tetanus or Diphtheria vaccines must receive three doses of adult Tetanus/Diphtheria (Td). The 1st dose must be administered before school entry and the 2nd dose a minimum of one month after receiving the 1st dose. The 3rd dose must be administered six months after the 2nd dose.



TETANUS, DIPHTHERIA, PERTUSSIS BOOSTER

1. **Commencing with the 2007-2008 school year**, a student must receive a booster dose of Tetanus, Diphtheria, Pertussis (Tdap) prior to entering the seventh (7th) grade. It is recommended this dose be given at age 11-12 years, if at least five years have elapsed since the last dose of DTaP/DTP/DT.

NOTE: If a student received a Td booster prior to turning 11 years of age and it was at least five years since the last dose of DTaP, it should be accepted. (The student may have received a dose prior to age 11 for wound management).

Diphtheria, Tetanus, Pertussis & Tetanus/Diphtheria Booster

Recommended Immunization Schedule

| Birth | 1 month | 2 months | 4 months | 6 months | 12 months | 15 months | 18 months | 2 years | 4-6 years | 11-12 years |
|-------|---------|----------|----------|----------|-----------|-----------|-----------|---------|-----------|-------------|
| | | DTaP #1 | DTaP #2 | DTaP #3 | | DTaP #4 | | | DTaP #5 | Booster |

INDIVIDUAL VACCINE REQUIREMENTS



POLIO

A student must be immunized for Polio before entering a Utah school or early childhood program. Students born **after July 1, 1993** are to be immunized according to one of the following three schedules:

1. **All IPV schedule:** A student must receive four doses of Inactivated Polio Vaccine (IPV). The 1st three doses must be administered a minimum of one month apart. The 4th dose of IPV must be administered according to the following:

- (a) on or after the student's fourth birthday; and
- (b) a minimum of one month after receiving the 3rd dose of IPV; and
- (c) before a student enters a Utah school for the first time;
- (d) If the 3rd dose is administered on or after a student's fourth birthday, the 4th dose is not required.

2. **Combination IPV/OPV Schedule:** A student must receive sequential administration of two doses of IPV followed by two doses of Oral Polio Vaccine (OPV) for a total of four doses. The 1st three doses, two IPV and one OPV must be administered a minimum of one month apart. The 2nd dose of OPV must be administered according to the following:

- (a) on or after the student's fourth birthday; and
- (b) a minimum of one month after receiving the 1st dose of OPV; and
- (c) before a student enters a Utah school for the first time;
- (d) If a combination of OPV and IPV is administered, four doses are required.

3. **All OPV Schedule:** A student must receive four doses of OPV. The 1st three doses must be administered a minimum of one month apart. The 4th dose of OPV must be administered according to the following:

- (a) on or after the student's fourth birthday; and
- (b) a minimum of one month after receiving the third dose of OPV; and
- (c) before a student enters a Utah school for the first time;
- (d) If the 3rd dose is administered on or after the fourth birthday, the 4th dose of OPV is not required.

NOTE: Students born **before July 1, 1993**, may have been immunized with three OPV or four IPV based upon recommendations at the time the student entered school.

NOTE:(For auditing purposes only). When a student has received several doses of polio vaccine before four years of age, i.e., foreign country, the schedule that includes the 4th dose at 4-6 years of age is preferred. But having four doses separated by at least four weeks, regardless of the age of the fourth dose, is acceptable. (William L. Atkinson, MD, MPH–CDC National Immunization Program)

For students in these situations, proper documentation including the date, initials and approval statement on student's immunization record is strongly recommended to avoid confusion in the future.

Polio

Recommended Immunization Schedule

| Birth | 1 month | 2 months | 4 months | 6 months | 12 months | 15 months | 18 months | 2 years | 4-6 years |
|-------|---------|----------|----------|----------|-----------|-----------|-----------|---------|-----------|
| | | IPV #1 | IPV #2 | IPV #3 | | | | | IPV #4 |

INDIVIDUAL VACCINE REQUIREMENTS



MEASLES, MUMPS, RUBELLA

1. Commencing with the 2007-2008 school year, a student attending school, kindergarten through twelfth grade must receive *two* doses of measles, mumps, and rubella-containing vaccine. The 1st dose must be administered **on or after** the student's **first** birthday. The 2nd dose must be administered prior to entering kindergarten. The *minimum* interval between dose one and two is one month (four weeks).
2. A student one year of age or older attending an early childhood program must have received one dose of measles, mumps, and rubella vaccine prior to entry.

NOTE: If the 1st dose was given *before* the student's first birthday, it does not count as a valid dose.

Measles, Mumps, and Rubella (MMR)

Recommended Immunization Schedule

| 12 months | 15 months | 18 months | 2 years | 4-6 years |
|-----------|-----------|-----------|---------|-----------|
| MMR #1 | | | | MMR #2 |



VARICELLA (Chickenpox)

1. Kindergarten entry - A student born **after July 1, 1996**, must receive one dose of Varicella vaccine prior to kindergarten entry. This dose must be given **on or after** the student's **first** birthday. If the Varicella vaccine is NOT given on the same day as the MMR, a minimum of 28 days should separate the two vaccines. Otherwise, MMR and Varicella may be administered on the same day, provided the student is at least one year old.
2. Seventh grade entry - A student born **after July 1, 1993**, must receive one dose of Varicella vaccine prior to entering the seventh (7th) grade. If the student is 13 years old at the time of the first dose, two doses of Varicella vaccine must be given at least four weeks apart.
3. Early childhood program entry - A student one year of age or older attending an early childhood program must have received one dose of Varicella vaccine prior to entry.
4. If a student has a history of the chickenpox disease, the parent/guardian must sign the official Utah School Immunization Record (USIR) or "pink card" stating the student has had the chickenpox disease and does not need the Varicella vaccine. This applies to early childhood, kindergarten, and seventh (7th) grade entry.

****Parental verification is acceptable for the Varicella vaccine ONLY. All other immunizations require written documentation as proof of immunization.**

NOTE: If the 1st dose was given *before* the student's first birthday, it does not count as a valid dose.

Varicella (Chickenpox)

Recommended Immunization Schedule

| 12 months | 15 months | 18 months | 11-12 years 7th grade entry |
|--------------|-----------|-----------|--------------------------------|
| Varicella #1 | | | Varicella #1 |

INDIVIDUAL VACCINE REQUIREMENTS



HAEMOPHILUS INFLUENZAE TYPE B (HIB)

A student attending an early childhood program before their fifth birthday must be immunized for Haemophilus Influenzae Type b (Hib). *Hib vaccine is not recommended after a student's fifth birthday and, therefore, is not a requirement for entry into kindergarten.*

NOTE: Because dosing schedules vary according to vaccine manufacturers, proper documentation of each dose, including the date, initials and approval statement on student's immunization record is recommended to avoid confusion in the future.

Recommended Schedule – The minimum age to begin the Hib series is six weeks of age. The minimum interval between Hib doses is one month. The booster dose of Hib vaccine following the primary series should be administered no earlier than 12 months of age and at least 2 months after the previous dose of Hib vaccine. Some brands, i.e. PedvaxHIB® or COMVAX™ do not require a dose at 6 months, and, therefore, three doses completes the series for those brands.

Haemophilus Influenzae Type b
Recommended Immunization Schedule

| Birth | 1 month | 2 months | 4 months | 6 months | 12 months | 15 months | 18 months | 2 years |
|-------|---------|----------|----------|----------|------------------|-----------|-----------|---------|
| | | Hib #1 | Hib #2 | Hib #3 | Hib #4 - Booster | | | |

Table #1 – This schedule is for children who are seven months of age or older and have received no doses of Hib.

| Current Age | Total Number of Doses To Be Administered | Recommended Regimen |
|---------------------|--|---|
| 7-11 months | 3 | 2 doses, 2 months apart; booster dose at 12-15 mo. of age (2 months after previous dose) |
| 12-14 months | 2 | 2 doses, 2 months apart |
| 15-59 months | 1 | 1 dose |
| 60 months and older | 1 or 2 | Only for children with chronic illness known to be associated with an increased risk for Hib disease. |

Table #2 – This schedule is for children who have received some doses of Hib but have not completed the series. This takes into account previous vaccination history.

| Current Age | Previous Immunization History | Recommended Regimen |
|--------------|---|---|
| 7-11 months | 1 dose of HbOC or PRP-T (HibTITER) or (ActHIB) | 1 or 2 doses at 7-11 mo. (depending on age); booster dose at 12-15 mo. of age (2 months after previous dose) |
| 7-11 months | 2 doses of HbOC or PRP-T (HibTITER) or (ActHIB) or 1 dose of PRP-OMP (Pedvax) | 1 dose at 7-11 months; booster dose at 12-15 mo. of age (2 months after previous dose) |
| 12-14 months | 2 doses before 12 mo. of age | 1 dose (2 months after previous dose) |
| 12-14 months | 1 dose before 12 mo. of age | 2 doses separated by at least 2 months |
| 15-59 months | Any incomplete schedule | 1 dose |

INDIVIDUAL VACCINE REQUIREMENTS



PNEUMOCOCCAL (PCV7)

A student attending an early childhood program before their fifth birthday must be immunized for Pneumococcal disease as appropriate for their age. *Pneumococcal vaccine is not recommended after a student's fifth birthday and, therefore, is not a requirement for entry into kindergarten.*

Recommended Schedule – The minimum age to begin the PCV7 series is six weeks of age. The minimum interval between PCV7 doses is one month. The booster dose of PCV7 vaccine following the primary series should be administered no earlier than 12 months of age and at least 2 months after the previous dose of PCV7 vaccine.

Pneumococcal

Recommended Immunization Schedule

| Birth | 1 month | 2 months | 4 months | 6 months | 12 months | 15 months | 18 months | 2 years |
|-------|---------|----------|----------|----------|-------------------|-----------|-----------|---------|
| | | PCV7 #1 | PCV7 #2 | PCV7 #3 | PCV7 #4 - Booster | | | |

Delayed Schedule – This schedule is for children in whom initial immunization is delayed until seven months of age or older. Unvaccinated children seven months of age and older do not require a full series of four doses. The number of doses a child needs to complete the series depends on the child's current age.

| Current Age | Total Number of Doses To Be Administered | Recommended Regimen |
|--------------|--|--|
| 7-11 months | 3 | 2 doses, 1 month apart; booster dose at 12-15 mo. of age (2 months after previous dose) |
| 12-23 months | 2 | 2 doses, 2 months apart |
| 24-59 months | 1 | 1 dose |

INDIVIDUAL VACCINE REQUIREMENTS



HEPATITIS A

1. A student born **after July 1, 1996**, must receive two doses of Hepatitis A vaccine prior to kindergarten entry. The 1st dose must be given **on** or **after** a student's **first** birthday. The 2nd dose must be administered a minimum of six months after the 1st dose.
2. As of **July 1, 2008**, a student one year of age or older attending an early childhood program must receive be immunized for Hepatitis A as appropriate for age prior to entry. The 1st dose must be given **on** or **after** a student's **first** birthday. The 2nd dose must be administered a minimum of six months after the 1st dose.

Hepatitis A

Recommended Immunization Schedule

| 1 year | 4-6 years |
|---------------------|-----------|
| Hepatitis A #1 & #2 | |
| | |

Two doses may be given anytime after one year of age, provided there has been at least six months between doses.



HEPATITIS B

1. A student born **after July 1, 1993**, must be immunized for Hepatitis B prior to kindergarten entry. The 1st two doses must be administered a minimum of one month apart. The 3rd dose must be administered according to the following three conditions:
 - a. the student is a minimum of six months of age and;
 - b. a minimum of two months (eight weeks) after receiving the 2nd dose and;
 - c. the minimum interval between dose one and dose three is 16 weeks.

NOTE: condition (a) must be met before (b) and (c).
2. A student born **after July 1, 1993**, must be immunized for Hepatitis B prior to entering the seventh (7th) grade. Immunizations previously given according to the above schedule satisfy this requirement.
3. As of **July 1, 2008**, a student attending an early childhood program must be immunized for Hepatitis B as appropriate for age prior to entry. See number 1 above for the applicable conditions.

Hepatitis B

Recommended Immunization Schedule

| Birth | 1 month | 2 months | 4 months | 6 months | 12 months | 15 months | 18 months | 2 years |
|-------|----------------|----------|----------|----------------|-----------|-----------|-----------|---------|
| | Hepatitis B #1 | | | | | | | |
| | Hepatitis B #2 | | | Hepatitis B #3 | | | | |

SECTION 2

SUMMARY OF REQUIREMENTS



SCHOOL ENTRY REQUIREMENTS

A student born AFTER July 1, 1993 and entering Kindergarten

*5 DTP/DTaP/DT

**4 Polio

2 Measles, Mumps, Rubella

3 Hepatitis B

A student born AFTER July 1, 1993 and entering the 7th grade must have the above immunizations AND

1 Tdap booster

1 Varicella (Chickenpox) - history of disease acceptable, parent must sign verification statement on school immunization record

A student born AFTER July 1, 1996

(At Kindergarten entry)

*5 DTP/DTaP/DT

**4 Polio

2 Measles, Mumps, Rubella

3 Hepatitis B

2 Hepatitis A

1 Varicella (Chickenpox) - history of disease acceptable, parent must sign verification statement on school immunization record

* DTP/DTaP/DT - 4 doses if 4th dose was given on/after the 4th birthday.

** Polio - 3 doses if 3rd dose was given on/after the 4th birthday.



PROGRESSIVE GRADE REQUIREMENTS

Beginning with 1999-2000 school year, Hepatitis B became a requirement for kindergarten entry. Beginning with 2002-2003 school year, Hepatitis A and Varicella became requirements for kindergarten entry. Beginning with 2006-2007 school year, Hepatitis B, Tetanus/Diphtheria booster (Td), and Varicella became requirements for 7th grade entry. Beginning with 2007-2008 school year, Tetanus/Diphtheria/Pertussis (Tdap) became a requirement for the seventh (7th) grade booster dose. In order to keep track of what grades are required to have which immunizations, please refer to the chart below.

HEPATITIS A, HEPATITIS B, & VARICELLA

| <u>School Year</u> | <u>Grades Required</u> |
|--------------------|---------------------------------|
| 2008-2009 | K, 1st, 2nd, 3rd, 4th, 5th, 6th |
| 2009-2010 | K, 1st, 2nd, 3rd, 4th, 5th, 6th |
| 2010-2011 | K, 1st, 2nd, 3rd, 4th, 5th, 6th |

HEPATITIS B, VARICELLA, & TDAP BOOSTER

| <u>School Year</u> | <u>Grades Required</u> |
|--------------------|------------------------|
| 2008-2009 | 7th, 8th, 9th |
| 2009-2010 | 8th, 9th |
| 2010-2011 | 9th, 10th |

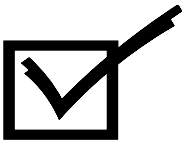
HEPATITIS A, HEPATITIS B, VARICELLA, & TDAP BOOSTER

| <u>School Year</u> | <u>Grades Required</u> |
|--------------------|------------------------|
| 2009-2010 | 7th |
| 2010-2011 | 7th, 8th |

All grade requirements are progressive; meaning that if a vaccine is required for kindergarten entry this year, it is required for kindergarten and first grade the following year, kindergarten, first, and second the next year and so on.

Remember, these requirements are based upon a particular grade cohort or group. If a child repeats a grade, he is subject to the requirements of the new grade, even if the child's birth date is not in the range for requirement.

SUMMARY OF REQUIREMENTS



EARLY CHILDHOOD PROGRAM REQUIREMENTS

As of July 1, 2008, children enrolled in Early Childhood Programs must be immunized appropriately for their age with the following immunizations:

Diphtheria

Tetanus

Pertussis

Polio

Hepatitis A*

Hepatitis B*

Measles

Mumps

Rubella

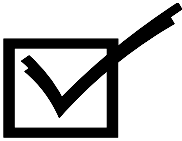
Haemophilus Influenzae type b (Hib)

Varicella*

Pneumococcal (PCV7)*

****Note: Hepatitis A, Hepatitis B, Varicella, and Pneumococcal are new requirements.***

SUMMARY OF REQUIREMENTS



MINIMUM AGE AND MINIMUM INTERVAL

This table should be used to determine minimum intervals for “catching” children up who have fallen behind. Otherwise, the recommended schedule should be used.

| VACCINE | Minimum AGE for dose 1 | Minimum INTERVAL dose 1 to 2 | Minimum INTERVAL dose 2 to 3 | Minimum INTERVAL dose 3 to 4 | Minimum INTERVAL dose 4 to 5 |
|------------------------------|--|--|--|--|---|
| DTaP/DTP/DT | 6 weeks | 4 weeks | 4 weeks | 6 months | 6 months (if 4th dose was given on/ after the 4th birthday, a 5th dose is not needed). |
| Polio | 6 weeks | 4 weeks | 4 weeks | 4 weeks (if 3rd dose was given on/after the 4th birthday, the 4th dose is not needed. If 4th dose is needed, it should be given at 4-6 years of age). | |
| MMR | 12 months | 4 weeks | If the first dose of MMR is given <u>before</u> the 1st birthday, it must be repeated. | | |
| Hepatitis B | Birth | 4 weeks | 8 weeks (3rd dose should not be given earlier than 6 months of age). | There should be 16 weeks between dose 1 and 3. | |
| Hib | 6 weeks | 4 weeks - if 1st dose given at age <12 months. 8 weeks (as final dose) - if 1st dose given at age 12-14 months. No further doses needed - if 1st dose given at age ≥15 months. | 4 weeks - if current age <12 months. 8 weeks (as final dose) - if current age ≥12 months and 2nd dose given at age <15 months. No further doses needed - if previous dose given at age ≥15 months. | 8 weeks (as final dose) - This dose is necessary for children aged 12 months to 5 years who received 3 doses before age 12 months. Last dose should not be given earlier than 12 months and a minimum of 2 months after previous dose. | |
| Varicella (Chickenpox) | 12 months | 12 weeks (Those >13 years of age need 2 doses 4 weeks apart for >13). | If Varicella and MMR are not given on the same day, space them at least 28 days apart. | | |
| Hepatitis A | 12 months | 6 months | | | |
| Tetanus/Diphtheria (Booster) | Recommended at 11-12 years if at least 5 years have elapsed since the last dose of DTaP, DTP, or DT. Boosters should be given every ten years. | | | | |
| Pneumococcal Conjugate | 6 weeks | 4 weeks - if 1st dose is given at age <12 months. 8 weeks (as final dose) - if 1st dose given at age 12-23 months. No further doses needed - for healthy children if 1st dose given at ≥24 months. | 4 weeks - if current age <12 months. 8 weeks (as final dose) - if current age is ≥12 months. No further doses needed - for healthy children if 1st dose given at ≥24 months. | 8 weeks (as final dose) - This dose necessary for children aged 12 months to 5 years who received 3 doses before age 12 months. | |

SECTION 3

EXEMPTION POLICY



CLAIMING AN EXEMPTION

A parent may claim an exemption to an immunization for medical, religious, or personal reasons, as allowed by Section 53A-11-302 of the Utah Statutory Code. Each exemption claimed must be accompanied by the appropriate Utah Department of Health Exemption Form. Exemption forms can only be used for enrollment in early childhood programs public, private, charter, and parochial schools kindergarten through twelfth grade. Exemptions and exemption forms do not apply to college/university attendance. See sample exemption forms in Appendix E starting on page 31.

MEDICAL EXEMPTION: If a parent/guardian claims a medical exemption for a student, a Medical Exemption Form must be completed and signed by the student's licensed physician (Utah Statutory Code – Section 53A-11-302). The Medical Exemption Form may be obtained from the student's physician. It must indicate whether the exemption is for one or for all immunizations. The WHITE and YELLOW copies will be given to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to student's Utah School Immunization Record as part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school.

Health care providers may obtain the Medical Exemption Form by contacting the Utah Immunization Program at (801) 538-9450.

RELIGIOUS EXEMPTION: If a parent/guardian claims a religious exemption for a student, a Religious Exemption Form must be completed and signed by the parent/guardian. The Religious Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Religious Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to the student's Utah School Immunization Record as part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school.

PERSONAL EXEMPTION: If a parent/guardian claims a personal exemption for a student, a Personal Exemption Form must be completed and signed by the parent/guardian. The Personal Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Personal Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to the student's Utah School Immunization Record as part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school.

Local Health Departments may obtain both the Personal and Religious Exemption Forms by contacting the Utah Immunization Program at (801) 538-9450.

SECTION 4

ANNUAL REPORTS



DUE DATES

Each year, the Utah Immunization Program, in conjunction with the Centers for Disease Control and Prevention (CDC) requires that schools (public, private, charter, and parochial), and early childhood programs (nursery or preschools, licensed day care centers, child care facility, family home care, and Head Start Programs) submit data regarding the immunization status of children currently enrolled. These reports reflect the current requirements in accordance with CDC guidelines. **All reports must be completed online.** The Utah Department of Health will prescribe the information needed for each of the listed reports and instructions for completion.

THE DUE DATES ARE AS FOLLOWS:

NOVEMBER 30 OF EACH YEAR:

- (a) *KINDERGARTEN SUMMARY REPORT* - statistical report of the immunization status of all kindergarten children in any school setting (public, private, charter, or parochial).
- (b) *SECOND DOSE MMR REPORT* - statistical report of the two-dose Measles, Mumps, and Rubella immunization status of all students kindergarten through grade 12.
- (c) *SEVENTH GRADE SUMMARY REPORT* - statistical report of the Hepatitis B, Tdap, and Varicella status of all seventh (7th) grade students in any setting (public, private, charter, or parochial).
- (d) *EARLY CHILDHOOD PROGRAM REPORT* - statistical report of the immunization status of all children in an early childhood program (nursery or preschools, licensed day care centers, child care facility, family home care, and Head Start Programs).

OTHER REQUIREMENTS:

- (a) *YEAR-END REPORTS* - ***DUE JUNE 15th*** of each year - Public, private, charter, or parochial schools that report students as “conditional admission” or “out-of-compliance” on the November report will be required to submit a year-end report. This report will track those students to determine if they were immunized by the end of the school year. The Utah Immunization Program will collect the information and submit it to the Utah State Office of Education (USOE) to determine weighted pupil unit funds for each public school district in accordance with USOE policies and Utah Statutory Code (Section 53A-11-301).
- (b) *AUDITS* – Periodic audits of schools and/or early childhood programs may be conducted by local or state health department representatives for record review to ensure children meet the immunization requirements. The goal of these audits are to assure adequate protection of Utah’s children while improving immunization procedures. A major emphasis of these visits is to provide assistance in solving any problems.



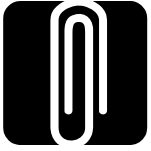
DEFINITIONS

The following are definitions which are used in the Annual Reports.

- 1. ADEQUATE FOR SCHOOL ENTRY** – any child who is appropriately immunized for all school entry requirements prior to admission.
- 2. APPROPRIATE FOR AGE** – any child who has received all of the doses of each vaccine appropriate for his/her age, but is not considered “adequate for school entry”. This is primarily used in Early Childhood Program settings.
- 3. CONDITIONAL ADMISSION** – a student who has received at least one dose of each required vaccine and is currently on schedule for subsequent immunizations. If the immunization is one month past due, the student will be considered “not-in-compliance” and the exclusion process must begin.
- 4. EARLY CHILDHOOD PROGRAM** – a nursery or preschool, licensed day care center, child care facility, family home care, or Head Start Program.
- 5. EXEMPTION** – a relief from the statutory immunization requirements by reason of medical, religious, or personal reasons as defined in Section 53A-11-302 and 302.5 of the Utah Administrative Code.
- 6. NOT-IN-COMPLIANCE** – a student meeting any one of the following conditions:
 - (a) has received fewer than the required number of doses, and is one month past due for subsequent immunizations, or
 - (b) has received one or more doses at less than the minimum interval or less than the minimum age, or
 - (c) has not received any doses of the required immunizations and has not claimed an exemption, or
 - (d) has no immunization record or another state’s official school immunization record.
- 7. SCHOOL** – a school is any public, private, charter, parochial, kindergarten, elementary or secondary educational facility through grade 12.
- 8. SCHOOL ENTRY** – a student, at any grade, entering a Utah school or early childhood program for the first time.
- 9. UNCONDITIONAL ADMISSION** – a student must be adequate for school entry or have a medical, religious, or personal exemption claimed and documented.

SECTION 5

APPENDICES



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APPENDIX A – Utah Immunization Statutes and Rules

UTAH STATUTORY CODE

Utah Code – Statutes and Constitution

Title 53 A – State System of Public Education

Chapter 11 – Students in Public Schools

53A-11-301. Certificate of immunization required.

(1) Unless exempted for personal, medical, or religious objections as provided in Section 53A-11-302, a student may not attend a public, private, or parochial kindergarten, elementary, or secondary school through grade 12, nursery school, licensed day care center, child care facility, family care home, or headstart program in this state unless there is presented to the appropriate official of the school a certificate of immunization from a licensed physician or authorized representative of the state or local health department stating that the student has received immunization against communicable diseases as required by rules adopted under Section 53A-11-303.

(2) School districts may not receive weighted pupil unit monies for a student unless the student has obtained a certificate of immunization under this section or qualifies for conditional enrollment or an exemption from immunization under Section 53A-11-302.

1992

53A-11-302. Immunizations required -- Exceptions -- Grounds for exemption from required immunizations.

(1) A student may not enter school without a certificate of immunization, except as provided in this section.

(2) A student who at the time of school enrollment has not been completely immunized against each specified disease may attend school under a conditional enrollment if the student has received one dose of each specified vaccine prior to enrollment.

(3) A student is exempt from receiving the required immunizations if there is presented to the appropriate official of the school one or more of the following:

(a) a certificate from a licensed physician stating that due to the physical condition of the student one or more specified immunizations would endanger the student's life or health;

(b) a completed form obtained at the local health department where the student resides, providing:

(i) the information required under Subsection 53A-11-302.5(1); and

(ii) a statement that the person has a personal belief opposed to immunizations, which is signed by one of the individuals listed in Subsection 53A-11-302(3)(c) and witnessed by the local health officer or his designee; or

(c) a statement that the person is a bona fide member of a specified, recognized religious organization whose teachings are contrary to immunizations, signed by one of the following persons:

(i) one of the student's parents;

(ii) the student's guardian;

(iii) a legal age brother or sister of a student who has no parent or guardian; or

(iv) the student, if of legal age.

1992

53A-11-302.5. Personal belief immunization exemption.

(1) The Department of Health shall provide to all local health departments a form to be used by persons claiming an exemption from immunization requirements based on a personal belief opposed to immunization. The form shall include a statement printed on the form and

APPENDIX A – Utah Immunization Statutes and Rules

drafted by the Department of Health stating the department's position regarding the benefits of immunization. The form shall require, at a minimum:

(a) a statement claiming exemption from immunizations required under Section 53A-11-302, signed by a person listed under Subsection 53A-11-302(3)(c);

(b) the name and address of the person who signs the form;

(c) the name of the student exempted from immunizations; and

(d) the school at which the student is enrolling.

(2) (a) The Department of Health shall provide these forms to the local health departments.

(b) Local health departments shall make the forms available to the public upon request.

(3) (a) A student enrolling in a school and who claims exemption from immunizations based on a personal belief shall complete the form described in Subsection (1) and provide it to the school officials at the school in which the student is enrolling.

(b) Students who prior to July 1, 1992, claimed an exemption from immunizations based on personal beliefs shall prior to December 1, 1992, complete the form described in Subsection (1) and provide it to the appropriate official of the school the student attends.

1992

53A-11-303. Regulations of department.

(1) The Department of Health shall adopt rules to establish which immunizations are required and the manner and frequency of their administration.

(2) The rules adopted shall conform to recognized standard medical practices.

(3) The rules shall require the reporting of statistical information and names of non-compliers by the schools.

1988

53A-11-304. Certificate part of student's record -- Forms for certificates -- Transfer of immunization record to official certificate.

(1) Each school shall retain official certificates of immunization for every enrolled student. The certificate becomes a part of the individual student's permanent school record and follows the student through his or her public or private school career.

(2) The Department of Health shall provide official certificate of immunization forms to public and private schools, physicians, and local health departments. The forms referred to in this subsection shall include a clear statement of the student's rights under Section 53A-11-302.

(3) Any immunization record provided by a licensed physician, registered nurse, or public health official may be accepted by a school official as a certificate of immunization if the type of immunization given and the dates given are specified and the information is transferred to an official certificate of immunization and verified by the school district in which the public or private school is located.

1988

53A-11-305. Immunization by local health departments -- Fees.

(1) If a student has not been immunized against a disease specified by the Department of Health, he may be immunized by the local health department upon the request of his parent or guardian, or upon the student's request if he is of legal age. The local health department may charge a fee to cover the cost of administration of the vaccine.

(2) The vaccine necessary for immunizations required under Sections 53A-11-301 and 53A-11-303 shall be furnished to local departments of health by the Department of Health. The Department of Health may recover all or part of the cost of vaccines purchased with state funds by charging local health departments a fee for those vaccines. Local health departments may pass

APPENDIX A – Utah Immunization Statutes and Rules

the cost of the vaccine on to the student, his parent or guardian, or other responsible party. However, a child may not be refused immunizations by the local health department in his area of residence because of inability to pay.

(3) The Department of Health shall establish the fee for administration of vaccines, as provided by Subsection (1), and shall establish fees for vaccines.

1988

53A-11-306. Conditional enrollment -- Suspension for noncompliance -- Procedure.

(1) Conditional enrollment time periods may be modified by the department by legally adopted rules.

(2) The requirements for conditional enrollment shall apply to each student unless that student is exempted under Section 53A-11-302.

(3) After five days written notice of a pending suspension and of the student's rights under Section 53A-11-302 shall be mailed to the last-known address of a parent, guardian, or legal age brother or sister of a student who is without parent or guardian, the governing authority of any school shall prohibit further attendance by a student under a conditional enrollment who has failed to obtain the immunization required within time period set forth in Section 53A-11-302 or otherwise established by rule.

(4) Parents or guardians of children who are prohibited from attending school for failure to comply with the provisions of this part shall be referred to the juvenile court.

1988

UTAH IMMUNIZATION RULE FOR STUDENTS

R396. Health, Family Health Services, Child Health.

R396-100. Immunization Rule for Students.

R396-100-1. Purpose and Authority.

(1) This rule implements the immunization requirements of Title 53A, Chapter 11, Part 3. It establishes minimum immunization requirements for attendance at a public, private, or parochial kindergarten, elementary, or secondary school through grade 12, nursery school, licensed day care center, child care facility, family home care, or Head Start program in this state. It establishes:

- (a) required doses and frequency of vaccine administration;
- (b) reporting of statistical data; and
- (c) time periods for conditional enrollment.

(2) This rule is required by Section 53A-11-303 and authorized by Section 53A-11-306.

R396-100-2. Definitions.

As used in this rule:

“Department” means the Utah Department of Health.

“Early Childhood Program” means a nursery or preschool, licensed day care center, child care facility, family care home, or Head Start program.

“Exemption” means a relief from the statutory immunization requirements by reason of qualifying under Sections 53A-11-302 and 302.5.

“Parent” means a biological or adoptive parent who has legal custody of a child; a legal guardian, or the student, if of legal age.

APPENDIX A – Utah Immunization Statutes and Rules

“School” means a public, private, or parochial kindergarten, elementary, or secondary school through grade 12.

“School entry” means a student, at any grade, entering a Utah school or an early childhood program for the first time.

“Student” means an individual enrolled or attempting to enroll in a school or early childhood program.

R396-100-3. Required Immunizations.

(1) A student born before July 1, 1993 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, and Rubella.

(2) A student born after July 1, 1993 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, and Hepatitis B.

(3) A student born after July 1, 1993 must also meet the minimum immunization requirements of the ACIP prior to entry into the seventh grade for the following antigens: Tetanus, Diphtheria, Pertussis, and Varicella.

(4) A student born after July 1, 1996 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Hepatitis B, Hepatitis A, and Varicella.

(5) To attend a Utah early childhood program, a student must meet the minimum immunization requirements of the ACIP for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus Influenza Type b, Hepatitis A, Hepatitis B, Pneumococcal, and Varicella prior to school entry.

(6) The vaccinations must be administered according to the recommendations of the United States Public Health Service's Advisory Committee on Immunization Practices (ACIP) as listed below which are incorporated by reference into this rule:

(a) General Recommendations on Immunization: December 1, 2006/Vol 55/No. RR-15;

(b) Immunization of Adolescents: November 22, 1996/Vol. 45/No. RR-13;

(c) Combination Vaccines for Childhood Immunization: May 14, 1999/Vol. 48/No. RR-5;

(d) Diphtheria, Tetanus, and Pertussis: Recommendations for Vaccine Use and Other Preventive Measures: August 8, 1991/Vol. 40/No. RR-10;

(e) Pertussis Vaccination: Use of Acellular Pertussis Vaccines Among Infants and Children: March 28, 1997/Vol. 46/No. RR-7;

(f) Use of Diphtheria Toxoid-Tetanus Toxoid-Acellular Pertussis Vaccine as a Five-Dose Series: Supplemental Recommendations of the Advisory Committee on Immunization Practices: November 17, 2000/Vol. 49/No. RR-13;

(g) Preventing Tetanus, Diphtheria, and Pertussis among adolescents: Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccines: March 24, 2006/Vol. 55/No. RR-3;

(h) A Comprehensive Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States: December 23, 2005/Vol. 54/No. RR-6;

(i) Haemophilus b Conjugate Vaccines for Prevention of Haemophilus influenzae Type b Disease Among Infants and Children Two Months of Age and Older: January 11, 1991/Vol. 40/No. RR-1;

(j) Recommendations for Use of Haemophilus b Conjugate Vaccines and a Combined Diphtheria, Tetanus, and Pertussis, and Haemophilus b Vaccine: September 17, 1993/Vol. 42/No. RR-13;

APPENDIX A – Utah Immunization Statutes and Rules

- (k) Measles, Mumps, and Rubella-Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps: May 22, 1998/Vol. 47/No. RR-8;
- (l) Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP) for the Control and Elimination of Mumps: June 9, 2006/Vol. 55/ No.22;
- (m) Poliomyelitis Prevention in the United States: May 19, 2000/Vo..49/No/ RR-5;
- (n) Prevention of Varicella: June 22, 2007/Vol. 56/No. RR-4;
- (o) Prevention of Hepatitis A Through Active or Passive Immunization: May 29, 2006/Vol. 55/No. RR-7; and
- (p) Preventing Pneumococcal Disease Among Infants and Young Children: October 6, 2000/Vol. 49/No. RR-9.

R396-100-4. Official Utah School Immunization Record (USIR).

- (1) Schools and early childhood programs shall use the official Utah School Immunization Record (USIR) form as the record of each student's immunizations. The Department shall provide copies of the USIR to schools, early childhood programs, physicians, and local health departments upon each of their requests.
- (2) Each school or early childhood program shall accept any immunization record provided by a licensed physician, registered nurse, or public health official as certification of immunization. It shall transfer this information to the USIR with the following information:
 - (a) name of the student;
 - (b) student's date of birth;
 - (c) vaccine administered; and
 - (d) the month, day, and year each dose of vaccine was administered.
- (3) Each school and early childhood program shall maintain a file of the USIR for each student in all grades and an exemption form for each student claiming an exemption.
 - (a) The school and early childhood programs shall maintain up-to-date records of the immunization status for all students in all grades such that it can quickly exclude all non-immunized students if an outbreak occurs.
 - (b) If a student withdraws, transfers, is promoted or otherwise leaves school, the school or early childhood program shall either:
 - (i) return the USIR and any exemption form to the parent of a student; or
 - (ii) transfer the USIR and any exemption form with the student's official school record to the new school or early childhood program.
- (4) A representative of the Department or the local health department may examine, audit, and verify immunization records maintained by any school or early childhood program.
- (5) Schools and early childhood programs may meet the record keeping requirements of this section by keeping its official school immunization records in the Utah Statewide Immunization Information System (USIIS).

R396-100-5. Exemptions.

A parent claiming an exemption to immunization for medical, religious or personal reasons, as allowed by Section 53A-11-302, shall provide to the student's school or early childhood program the required completed forms. The school or early childhood program shall attach the forms to the student's USIR.

R396-100-6. Reporting Requirements.

- (1) Each school and early childhood program shall report the following to the Department in the form or format prescribed by the Department:

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(a) by November 30 of each year, a statistical report of the immunization status of students enrolled in a licensed day care center, Head Start program, and kindergartens;

(b) by November 30 of each year, a statistical report of the two-dose measles, mumps, and rubella immunization status of all kindergarten through twelfth grade students;

(c) by November 30 of each year, a statistical report of tetanus, diphtheria, pertussis, hepatitis B, varicella, and the two-dose measles, mumps, and rubella immunization status of all seventh grade students; and

(d) by June 15 of each year, a statistical follow-up report of those students not appropriately immunized from the November 30 report in all public schools, kindergarten through twelfth grade.

(2) The information that the Department requires in the reports shall be in accordance with the Centers for Disease Control and Prevention guidelines.

R396-100-7. Conditional Enrollment and Exclusion.

A school or early childhood program may conditionally enroll a student who is not appropriately immunized as required in this rule. To be conditionally enrolled, a student must have received at least one dose of each required vaccine and be on schedule for subsequent immunizations. If subsequent immunizations are one calendar month past due, the school or early childhood program must immediately exclude the student from the school or early childhood program.

(1) A school or early childhood program with conditionally enrolled students shall routinely review every 30 days the immunization status of all conditionally enrolled students until each student has completed the subsequent doses and provided written documentation to the school or early childhood program.

(2) Once the student has met the requirements of this rule, the school or early childhood program shall take the student off conditional status.

R396-100-8. Exclusions of Students Who Are Under Exemption and Conditionally Enrolled Status.

(1) A local or state health department representative may exclude a student who has claimed an exemption to all vaccines or to one vaccine or who is conditionally enrolled from school attendance if there is good cause to believe that the student has a vaccine preventable disease and:

(a) has been exposed to a vaccine-preventable disease; or

(b) will be exposed to a vaccine-preventable disease as a result of school attendance.

(2) An excluded student may not attend school until the local health officer is satisfied that a student is no longer at risk of contracting or transmitting a vaccine-preventable disease.

R396-100-9. Penalties.

Enforcement provisions and penalties for the violation or for the enforcement of public health rules, including this Immunization Rule for Students, are prescribed under Section 26-23-6. A violation is punishable as a class B misdemeanor on the first offense, a class A misdemeanor on the second offense or by civil penalty of up to \$5,000 for each violation.

KEY: Immunization, Rules and Procedures

Date of Last Substantive Amendment: July 29, 2008

Notice of Continuation: July 25, 2008

Authorizing, and Implemented or Interpreted Law: 53A-11-303; 53A-11-306

APPENDIX B – Common Vaccine Names

TABLE EXPLANATION:

The following table is provided as a reference for school and early childhood program personnel as well as health care professionals who evaluate immunization records. To lessen any confusion, PROVIDERS DOCUMENTING CURRENT IMMUNIZATIONS SHOULD USE GENERIC NAMES (i.e. DTaP, MMR, Hepatitis B) instead of brand names.

Not every vaccine in this table is required for entry in a Utah school or early childhood program. To verify if a vaccine is required, please see pages 7 & 8 for the summary of requirements.

Some vaccines listed here are not currently in use, but were used in the past. They are included to assist in evaluating immunization records for compliance.

This list does not include vaccine brands available in other countries.

| Common Vaccine Names | |
|---|--|
| Vaccine/ Combination Vaccine (by Generic Name or Brand Name) | Vaccine Components |
| ACEL-IMUNE® | Diphtheria/Tetanus/acellular Pertussis |
| ActHIB® | Haemophilus Influenzae type b |
| ADACEL™ | Tetanus/Diphtheria/acellular Pertussis |
| Attenuvax® | Measles |
| Boostrix™ | Tetanus/Diphtheria/acellular Pertussis |
| Certiva™ | Diphtheria/Tetanus/acellular Pertussis |
| COMVAX™ | Hepatitis B/Haemophilus Influenzae type b |
| DT | Diphtheria/Tetanus |
| DTaP | Diphtheria/Tetanus/acellular Pertussis |
| DTP | Diphtheria/Tetanus/whole cell Pertussis |
| Engerix-B® | Hepatitis B |
| Havrix® | Hepatitis A |
| HibTITER® | Haemophilus Influenzae type b |
| Infanrix™ | Diphtheria/Tetanus/acellular Pertussis |
| IPV | Polio (Inactivated Polio Vaccine) |
| IPOL® | Polio (Inactivated Polio Vaccine) |
| Kinrix | Diphtheria/Tetanus/acellular Pertussis, Inactivated Polio Vaccine |
| Menactra™ | Meningococcal Conjugate vaccine (also called MCV4) * |
| Meruvax II® | Rubella |
| MR | Measles/Rubella |
| MMR | Measles/Mumps/Rubella |
| M-M-R II® | Measles/Mumps/Rubella |
| Mumpsvox® | Mumps |
| OmniHIB™ | Haemophilus Influenzae type b |
| OPV | Polio (Oral Polio Vaccine) |
| ORIMUNE® | Polio (Oral Polio Vaccine) |
| PEDIARIX™ | Diphtheria/Tetanus/acellular Pertussis, Hepatitis B, Inactivated Polio Vaccine |
| PedvaxHIB® | Haemophilus Influenzae type b |
| Pentacel | Diphtheria/Tetanus/acellular Pertussis, Inactivated Polio Vaccine, Haemophilus Influenzae type b |
| Prevnar® | Pneumococcal Conjugate vaccine (also called PCV-7)* |
| ProHIBIT™ | Haemophilus Influenzae type b |
| RECOMBIVAX HB® | Hepatitis B |
| “Sabin” | Polio (Oral Polio Vaccine) |
| “Salk” | Polio (Inactivated Polio Vaccine) |
| Td | Tetanus/Diphtheria (for > 7 years of age) |
| TETRAMUNE® | Diphtheria/Tetanus/whole cell Pertussis/Haemophilus Influenzae type b |
| TriHIBIT® | Diphtheria/Tetanus/acellular Pertussis/Haemophilus Influenzae type b |
| Tripedia® | Diphtheria/Tetanus/acellular Pertussis |
| VAQTA | Hepatitis A |
| VARIVAX | Varicella (Chickenpox) |



ADMISSION/ENTRY

1. What records are required for school or early childhood program entry? All children enrolled in a school or early childhood program **MUST** have an immunization record which documents all required vaccines received. Before a child enters a school or early childhood program, parents must present the student's immunization record with the following information:

- (a) the **name** of each required vaccine;
- (b) the **date** (*month/day/year*) of **each dose** received;
- (c) **written verification** of all doses by a physician, clinic, or other authorized medical provider.

2. How can a student be admitted/enrolled to a school or early childhood program conditionally? To be conditionally admitted/enrolled, a student **MUST** have received at least one dose of each required vaccine and be on schedule for the next immunization. If the subsequent immunization is one month past due, the student will be considered not-in-compliance and the process to exclude the student from school or early childhood program must begin. (In summary, if a student is eligible to receive ANY vaccines, he or she should not be enrolled until the next dose(s) are received).

3. Are transfer students required to provide immunization documentation before being admitted into a new school? Yes. Before entry, all children transferring from one Utah school to another or from schools outside Utah to a Utah school are required to provide the new school with the appropriate immunization information. Please use common sense when working with other schools to ensure immunization records are transferred in a timely manner.

4. What about homeless students? Homeless students are like any other student in your school. They are also required to have immunization records. The McKinney-Vento Homeless Assistance Act (re-authorized Dec. 2001), offers guidelines to assist you.

1. The school selected shall immediately enroll the child/youth in school, even if the child or youth lacks records normally required for enrollment, such as previous academic records, medical records, proof of residency or other documentation. [Sec. 722 (g)(3)(C)(i)].
2. If a child or youth lacks immunizations or immunization records, the enrolling school must refer parent/guardian to the liaison, who shall help obtain necessary immunizations or immunization records [Sec. 722 (g)(3)(C)(iii)].

Please work closely with your school district's liaison and use your best judgment to ensure these students receive the education they are entitled to and also receive immunizations they need in order to be protected from vaccine-preventable diseases. Collaboration will continue with the Utah State Office of Education to ensure school districts do not have weighted pupil units withheld for homeless students if there have been concerted efforts to obtain immunizations or immunization records for them. Many of these homeless students have no insurance, and are eligible to receive low or no cost immunizations through local health departments using vaccine provided by the Vaccines for Children (VFC) program. For information on the Utah VFC Program call (801)538-9450.



EXEMPTIONS

1. Are there any allowable exemptions? Yes. The Utah Immunization Rule for Students allows an exemption to be claimed for medical, religious, or personal reasons. Exemption forms can only be used for enrollment in early childhood programs or public, private, charter, and parochial schools for kindergarten through twelfth grade. Exemptions and exemption forms do not apply to college/university attendance. Please see section 3 in this guidebook for specific procedures to be followed to claim an exemption. See sample exemption forms in Appendix E starting on page 31.

2. Are exempted children to be excluded from school in the event of an outbreak?

Yes. In the event of an outbreak, children who are conditionally enrolled or those who have claimed an exemption and have not received the immunization for which there is an outbreak, are to be encouraged to complete immunizations or are to be excluded from school. These children are at most risk for contracting a vaccine-preventable disease. Refer to Appendix A starting on page 14 Utah Immunization Rule for Students (Section R396-100-8).



IMMUNIZATION RECORD REVIEW

1. Can a school or early childhood program maintain immunization records in a computer database ONLY? No. According to the Utah Immunization Rule for Students (R396-100-4), the Utah School Immunization Record (USIR), commonly called the “PINK CARD” is the official school immunization record for all students who are enrolled in any early childhood program, public, private, charter, or parochial school. This pink card is to be used to verify a student’s immunization status. The Utah Statewide Immunization Information System (USIIS) provides a way for schools and other facilities to have access to immunization records statewide and to track and record immunizations. A school or early childhood program facility may enroll to use USIIS and print out the USIR for the student’s file from USIIS. Unless a school or early childhood program enrolls and uses USIIS, a pink card shall be completed and placed in the student’s cumulative file. If a school has a database, it may be used to track student follow-up and may generate reports if it is done correctly. However, a pink card must be in each student’s cumulative file as a backup. A print out from the database is not acceptable. For questions about USIIS or to enroll your school or program in USIIS, please contact the Utah Immunization Program at (801) 538-9450.

2. Where can I get PINK CARDS? The Utah Immunization Program supplies the USIR (a.k.a “the PINK CARD”) free to all early childhood programs, public, private, charter, and parochial schools, as well as physicians, and local health departments upon each of their requests. You may place an order by fax to (801) 538-9440 or at www.immunize-utah.org.

3. A child received vaccinations in another country. Can those records be accepted? They can be accepted IF the same dosing schedule that is used in the United States was used. Often foreign countries use a different schedule than in the U.S. The Utah Immunization Rule is based on the schedule that is used in the U.S.

4. Is a school-aged student attending an early childhood program required to have an immunization record on file at that facility? Yes. A current immunization record must be

APPENDIX C – Frequently Asked Questions

IMMUNIZATION RECORD REVIEW – continued

maintained on EVERY child attending an early childhood program. Early childhood programs may use the USIIS system if desired.

- 5. Are schools required to maintain immunization records for preschool children?** Yes. Preschool children attending a public or private school must have an immunization record on file with the school.
- 6. A parent is adamant that his/her child has been vaccinated, but can not provide written documentation. Can the child be admitted into school or an early childhood program?** No. Children without immunization records can not be admitted. It is the parent/guardian's responsibility to have written documentation of each child's immunization status. If the record can not be located, the child should be vaccinated in an age appropriate manner with one dose of each required vaccine. The child may be "conditional" enrolled and the facility has the responsibility to follow up to ensure that written records or additional vaccines are received according to schedule.
- 7. A parent has a partial record and/or statement signed by a physician stating, "All doses received," "Complete," "Up To Date," "Primary series complete," or other similar statements. Can this be accepted as proof of immunization?** No. Statements regarding immunizations which do not contain complete dates for all doses received are NOT adequate for attendance. The parent should contact their health care provider and request a new record documenting all vaccinations and dates administered.
- 8. What is the four-day grace period?** The four-day grace period should be used for auditing purposes only. It allows the record reviewer to give a four-day grace period if a dose of any vaccine was given too early. Four days is the limit. It is not to be used to schedule succeeding doses of vaccine. It is to be used with discretion and with the understanding it is for auditing purposes only.
- 9. When should immunization records be reviewed to determine those students who are "not-in-compliance?"** The time to first assess a child's immunization status is upon entry into a school or early childhood program. At that time, a "log" could be established to serve as a reminder about children needing additional doses of vaccine at a later date. This would provide the facility an easy method to determine those students "not-in-compliance" based upon their own system. The Utah Statewide Immunization Information System (USIIS) also provides reports of those who need immunization.
- 10. Why must vaccines be repeated if received before the minimum age or interval?** Children who receive vaccines before the minimum age or interval may not develop an adequate antibody response to the immunization. Therefore, even though a child physically received a "shot," it may have been ineffective in protecting the child against disease. By consistently maintaining the minimum age and interval requirement for all vaccines, children are more likely to develop adequate immunity. Refer to the minimum age and interval chart in Section 2 on page 9.
- 11. Can a titer be accepted instead of vaccination?** No. Titers can not be accepted as proof of immunity. According to Dr. Greg Wallace, CDC - National Immunization Program, "(Serologic) testing is expensive, time-consuming, and difficult to interpret. Many of the tests require specialized laboratories and that blood be drawn in a defined time period after vaccination."

APPENDIX C – Frequently Asked Questions

IMMUNIZATION RECORD REVIEW – continued

12. The immunization record shows that some vaccines were given at intervals longer than those recommended. Do these vaccines need to be repeated? No. All doses given at intervals *longer* than recommended are valid doses. A longer interval does not affect the effectiveness of a vaccine.

13. How does Utah determine the required immunization schedule? Utah's Immunization Rule for Students is based upon the "Recommended Childhood Immunization Schedule" published by the Centers for Disease Control and Prevention (CDC). This schedule is developed from the recommendations of the National Advisory Committee on Immunization Practices (ACIP). The ACIP includes representatives from both the public health and the private medical sector, including the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). To establish Utah's requirements, the Utah Scientific Vaccine Advisory Committee evaluates the ACIP recommendations and determines their appropriateness/feasibility to Utah's unique situations and makes recommendations to the Utah Department of Health as to which immunizations should be required for school entry.

COMPLIANCE ISSUES

1. What criteria are used to determine if a student is in compliance with Utah's immunization requirements? In order to determine if a child meets the requirements of the Utah Immunization Rule for Students, the following must be considered:

- (a) the student's age;
- (b) whether the student is in a school or early childhood program (requirements may differ depending on facility the student is attending; i.e. Hib is not required for entry into kindergarten).
- (c) whether the student's immunization history indicates:
 - (i) verification by a medical provider (health care provider signature or health clinic stamp)
 - (ii) month, day, and year each vaccine was administered.
 - (iii) sufficient spacing intervals between doses.

These variables make it difficult to describe all possible situations which a school or early childhood program might encounter in its efforts to maintain compliance with the regulations and limit the spread of vaccine-preventable diseases. If you have specific questions which can not be answered by this guidebook, please call the Utah Immunization Program for consultation.

2. Who is responsible for proper immunization compliance?

Parents/Guardians:

- (a) are responsible for obtaining all age appropriate immunizations for their children and providing valid immunization records to the school or early childhood program.

Principal/Early Childhood Program Official:

- (a) has the ultimate responsibility to ensure students attending school or early childhood programs are in compliance with Utah's immunization requirements; this includes assuring valid immunization records are complete and on file at the school or early childhood program and that follow-up for additional information (records or doses) is accomplished when necessary.
- (b) shall exclude those students out-of-compliance after notifying the parent or guardian that the student is out-of-compliance and will be excluded from school.
- (c) is responsible to ensure the annual immunization reports are submitted to the Utah Department of Health. See Section 4 starting on page 11 for information regarding annual reports.



RESOURCES

1. Is there information available about immunizations? Yes. The Utah Immunization Program website www.immunize-utah.org has information about immunizations in Utah. This guidebook is available on the website to download. Please visit the website periodically to learn more about the latest on immunization issues.

The Utah Immunization Program may also be reached at:
Phone (801)538-9450 or Fax (801)538-9440.

The address is:
Utah Immunization Program
288 North 1460 West
P.O. Box 142001
Salt Lake City, Utah 84114-2001

Immunization Hotline: 1-800-275-0659

2. Are there other sources of information available on the internet? Yes. There are many sources for great information on the internet. The following is a list of some of them.

American Academy of Pediatrics (AAP) – Policy statements, student, community information, “Red Book” order information. www.aap.org

Bill & Melinda Gates Children’s Vaccine Program – A non-profit organization which focuses on children in developing countries, but information is also applicable in the United States.
www.childredivaccine.org

Centers for Disease Control and Prevention (CDC) – Several websites and phone numbers with timely and accurate information for students, parents, the community, and school nurses.

1. *CDC Home Page*

In the News (announcements, hot topics, etc.)

Health information

Publications, software, and products

Data and Statistics

Training and employment

Electronic Morbidity and Mortality Weekly Report (MMWR) - free email subscription

Electronic Emerging Infectious Disease Journal

CDC Prevention Guidelines

Advisory Committee on Immunization Practices (ACIP) - vaccine recommendations

Access to individual state immunization program home pages

www.cdc.gov

2. *International Travel* – online health information and recommended immunizations by geographic areas; the latest news on international disease outbreaks. The most recent “*Health Information for International Travel*” (the Yellow Book).

www.cdc.gov/travel

APPENDIX C – Frequently Asked Questions

RESOURCES – continued

(CDC) - continued

3. *National Center for Immunization and Respiratory Diseases (NCIRD)* - Formally the National Immunization Program – Upcoming events, announcements, publications, including *Epidemiology and Prevention of Vaccine-Preventable Diseases*” (the Pink Book), Vaccine Information Statements (VIS), Clinic Assessment Software Application (CASA), Vaccine Safety Information. www.cdc.gov/vaccines

4. *Hepatitis Branch*
www.cdc.gov/hepatitis

5. *Spanish Language*
www.cdc.gov/spanish

6. *Morbidity and Mortality Weekly Report (MMWR)* – Free subscription via email.
www.cdc.gov/mmwr

Children’s Hospital of Philadelphia (CHOP) – Vaccine Education Center; great resources for families and professionals. www.vaccine.chop.edu

Immunization Action Coalition (IAC) – Dependable source on a variety of immunization issues

1. *Home Page*
www.immunize.org

2. *General Resources*
www.immunize.org/resources

3. *IAC Express* – Free email news services
express@immunize.org

4. *Vaccine Information Statements (VIS)* - English and many other languages
www.immunize.org/vis

National Alliance for Hispanic Health – Immunizations for All Ages Programs; a great Hispanic immunization resource for schedules, news briefs, videos. www.hispanichealth.org
or call 202-387-5000

The Food and Drug Administration (FDA)

Vaccine Adverse Events Reporting System (VAERS) - site explains this safety system and provides vaccine information. www.vaers.hhs.gov

The National Network for Immunization Information

www.immunizationinfo.org

The Vaccine Page

www.vaccines.org

Toll Free Numbers

CDC Immunization Information – 1-800-CDC-INFO (1-800-232-4636)

FDA Information – 1-888-FDA-INFO (1-888-463-6332)

APPENDIX D – Communication with Parents



The following pages are sample letters that may be used to notify parents of immunization requirements. These letters may be modified by adding local letterhead, clinic hours, phone numbers, etc.

- 1) Early Childhood Program Immunization Requirements**
- 2) “Exclusion Notice” for Inadequate Immunizations**
- 3) Spanish “Exclusion Notice” for Inadequate Immunizations**



Early Childhood Program Immunization Requirements

Dear Parent/Guardian:

Utah law requires children attending this Early Childhood Program or facility be appropriately immunized for their age against the following vaccine-preventable diseases:

| | |
|-------------|--|
| Diphtheria | Measles |
| Pertussis | Mumps |
| Tetanus | Rubella |
| Polio | <i>Haemophilus Influenzae</i> Type b (Hib) |
| Hepatitis A | Pneumococcal |
| Hepatitis B | Varicella |

It is your responsibility to have your child immunized and to provide this facility with a medically verified, date and dose specific immunization record for all required immunizations he/she has received. This is required for admission to this facility.

Factors regarding when your child gets which doses of vaccine include:

- current age of child;
- when he/she began the immunization series;
- grade, if he/she attends school.

For specific information on which immunizations your child should receive, please consult with your child's health care provider.



Exclusion Notice For Inadequate Immunizations

Date: _____

Dear Parent/Guardian:

A recent review of immunization records shows that your child _____ may not be adequately immunized as required by the Utah Immunization Rule for Students (R396-100). Please obtain complete dates for the indicated immunizations and provide a record to us by _____ or your child will be excluded from attending on _____ under Utah Statutory Code (53A-11-306).

THE BOXES MARKED BELOW INDICATE DOSES NEEDED FOR YOUR CHILD'S RECORDS.

| Vaccine | Dose in Question (circle dose number) | | | | | Reason (see codes to right) |
|-------------------------------------|--|---|---|---|---|--------------------------------|
| DTaP/DT/Td* | 1 | 2 | 3 | 4 | 5 | |
| Tdap Booster* | 1 | | | | | |
| Polio | 1 | 2 | 3 | 4 | | |
| MMR (Measles, Mumps, Rubella) | 1 | 2 | | | | |
| Hepatitis B | 1 | 2 | 3 | | | |
| Haemophilus Influenzae Type b (Hib) | 1 | 2 | 3 | 4 | | |
| Varicella (chickenpox) | 1 | 2 | | | | |
| Hepatitis A | 1 | 2 | | | | |
| Pneumococcal (PCV7) | 1 | 2 | 3 | 4 | | |

A. Dates or doses are missing or incomplete.

B. Previous dose(s) was/were given too close together.

C. Previous dose(s) was/were given at too young an age.

* D = Diphtheria
* T = Tetanus
* P = Pertussis

If we do not receive this information from you before the date indicated, we will be forced to exclude your child from attendance. We regret that we must take this action, but state law requires that children must be appropriately immunized in order to attend a Utah school or early childhood program. Our facility supports this policy. If you have questions or need additional information, please call _____.

Sincerely,



Nota de Exclusión Por Inmunizaciones Inadecuadas

Fecha: _____

Querido Padre/Guardián:

Un repaso reciente de las fechas de vacunas nos muestran que su hijo/a _____, no está vacunado/a adecuadamente como es requerido por la Regla de Vacunación Para Estudiantes de Utah (R396-100). Por favor consigan las fechas para las vacunas indicadas y de una constancia a nosotros antes del día _____ o su hijo/a va a ser expulsado/a de atender a _____ bajo el código estatutorio Utah (53A-11-306).

LAS CASILLAS MARCADAS EN EL CUADRO DEBAJO INDICAN LAS DOSIS DE LA VACUNA QUE SU HIJO/A NECESITA:

| Vacuna | Dosis que necesita (circule el número de la dosis) | | | | | Razón (mire los códigos a la derecha) |
|---|---|---|---|---|---|---|
| DTaP/DT/Td* | 1 | 2 | 3 | 4 | 5 | |
| Tdap* | 1 | | | | | |
| Polio | 1 | 2 | 3 | 4 | | |
| MMR (Sarampión, Paperas, Rubeola) | 1 | | 2 | | | |
| Hepatitis B | 1 | 2 | 3 | | | |
| Influenza de Hemofilious Tipo b (Hib) | 1 | 2 | 3 | 4 | | |
| Varicela | 1 | | | | | |
| Hepatitis A | 1 | | 2 | | | |
| Neumococico (PCV7) | 1 | 2 | 3 | 4 | | |

A. Las fechas o dosis no estan completas, o no fueron registradas.

B. Las dosis anteriores fueron administradas muy cerca una de la otra.

C. Las dosis fueron dadas a una edad muy temprana.

* D = Difteria
* T = Tétanos
* P = Tosferina (Pertussis)

Si no recibimos esta información antes de la fecha indicada, nos veremos forzados a expulsar a su hijo/a de las escuela. No nos gustaría tomar este tipo de acción, pero el estado requiere que los niños sean vacunados correctamente para poder ir a la escuela en Utah o programas para niños de temprana edad. Nuestro program apoya esta regla. Si tiene alguna pregunta o necesita información adicional, por favor llame al _____.

Sinceramente,

APPENDIX E – Utah Immunization Program Sample Forms



SAMPLE FORMS

The following pages are sample forms which the Utah Immunization Program provides.

- 1) **Sample Medical Exemption Form** – available from student’s physician.
- 2) **Sample Religious Exemption Form** – available from local health department.
- 3) **Sample Personal Exemption Form** – available from local health department.
- 4) **Sample Utah School Immunization Record (USIR) or “pink card”** – available from the Utah Immunization Program.

APPENDIX E – Utah Immunization Program Sample Forms



Medical Exemption Form

The Utah Department of Health strongly supports immunization as one of the easiest and most effective tools in preventing serious communicable diseases. These diseases, which are preventable by vaccination, can cause serious illness and even death. The Utah Department of Health believes the benefits of immunization outweigh the risk of adverse events which may be associated with the vaccines. The Utah Department of Health also recognizes that individuals may have medical conditions for which receiving one or all immunizations may be contraindicated.

As the physician for _____, I certify that the physical condition of this child is such that one or all immunizations would endanger the student's health or the health of a household member.
(check the appropriate box):

- ☐ This medical exemption is for all immunizations.
- ☐ This medical exemption is for one immunization. (i.e. live virus vaccines)
List immunizations included in this exemption: _____
- ☐ This medical exemption is temporary. (i.e. pregnancy, long-term illness, immunocompromised condition of child or household member)
Duration of temporary exemption _____

I hereby request that this child be exempted from the Utah Immunization Rule for Students (R396-100) due to a medical condition for which immunizations are contraindicated.

Name of Physician (PRINT)

Signature of Physician

Date

Name of Child Exempted (PRINT)

Child's Date of Birth

I understand that if an outbreak of a vaccine-preventable disease occurs for which this child is exempted, the child for whom this exemption is claimed is to be excluded from the school or early childhood program for the duration of the outbreak and/or threat of exposure. My child will be allowed back only when a health department representative is satisfied that there is no longer a risk of contracting or transmitting a vaccine-preventable disease.

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

Date

* Exemption forms can only be used for enrollment in early childhood programs or public, private, and parochial schools for grades kindergarten through twelve. Exemptions and exemption forms do not apply to college/university attendance.

WHITE – School or Early Childhood Program

Utah Department of Health
CFHS/Immunization 08/05

APPENDIX E – Utah Immunization Program Sample Forms



Religious Exemption Form

The Utah Department of Health strongly supports immunization as one of the easiest and most effective tools in preventing serious communicable diseases. These diseases, which are preventable by vaccination, can cause serious illness and even death. The Utah Department of Health believes the benefits of immunization outweigh the risk of adverse events which may be associated with the vaccines. The Utah Department of Health also recognizes that individuals may be in opposition to immunization, based upon religious practices and/or beliefs.

As the parent/guardian of _____, I certify that I am a member of a recognized religious organization which has doctrine that opposes immunizations.

Name of Religious Organization

I also understand that if an outbreak of any vaccine-preventable disease occurs for which this child is exempted, the child for whom this exemption is claimed is to be excluded from the school or early childhood program for the duration of the outbreak and/or threat of exposure. My child will be allowed back only when a health department representative is satisfied that there is no longer a risk of contracting or transmitting a vaccine-preventable disease.

I hereby request that my child be exempted from the Utah Immunization Rule for Students (R396-100) due to my religious practices and/or beliefs.

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

Street Address

County

Zip Code

Date

Name of Child Exempted (PRINT)

Child's Date of Birth

Witness (Local Health Officer or Designee)

Title

Date

Name of School or Early Childhood Program

* Exemption forms can only be used for enrollment in early childhood programs or public, private, and parochial schools for grades kindergarten through twelve. Exemptions and exemption forms do not apply to college/university attendance.

WHITE – School or Early Childhood Program

Utah Department of Health
CFHS/Immunization 08/05

APPENDIX E – Utah Immunization Program Sample Forms



Personal Exemption Form

The Utah Department of Health strongly supports immunization as one of the easiest and most effective tools in preventing serious communicable diseases. These diseases, which are preventable by vaccination, can cause serious illness and even death. The Utah Department of Health believes the benefits of immunization outweigh the risk of adverse events which may be associated with the vaccines. The Utah Department of Health also recognizes that individuals have the right to make the decision, should they choose not to immunize.

As the parent/guardian of _____, I certify that I have strong personal beliefs against the practice of immunization/vaccination. I am opposed to having my child immunized against one or all vaccine-preventable diseases.

I also understand that if an outbreak of any vaccine-preventable disease occurs for which this child is exempted, the child for whom this exemption is claimed is to be excluded from the school or early childhood program for the duration of the outbreak and/or threat of exposure. My child will be allowed back only when a health department representative is satisfied that there is no longer a risk of contracting or transmitting a vaccine-preventable disease.

I hereby request that my child be exempted from the Utah Immunization Rule for Students (R396-100) due to my personal opposition to immunizations.

- ☐ This personal exemption is for all immunizations.
- ☐ This personal exemption is for one immunization. (List immunizations included in this exemption)

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

Street Address

City

County

Zip Code

Date

Name of Child Exempted (PRINT)

Child's Date of Birth

Witness (Local Health Officer or Designee)

Title

Date

Name of School or Early Childhood Program

* Exemption forms can only be used for enrollment in early childhood programs or public, private, and parochial schools for grades kindergarten through twelve. Exemptions and exemption forms do not apply to college/university attendance.

WHITE – School or Early Childhood Program

Utah Department of Health
CFHS/Immunization 08/05



UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school. The Utah Department of Health and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIS).

INSTRUCTIONS: This form must be completed for enrollment in schools and early childhood programs (i.e. a nursery or preschool, licensed day care center, child care facility, family home care, or Head Start Program.) See reverse side for instructions on claiming exemptions for medical, religious, or personal reasons.

Student Name _____ **Gender** ☐ Male ☐ Female **Date of Birth** _____

Name of Parent/Guardian _____ **Signature of Parent/Guardian** _____

Mailing Address _____ **City** _____ **Zip Code** _____ **Telephone** _____

Does child have health insurance? ☐ YES ☐ NO **Name of Insurance** _____

| VACCINE | 1 st | 2 nd | 3 rd | 4 th | 5 th |
|---|-----------------|-----------------|-----------------|---|---|
| DTP, DTaP, DT, Td (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis) | | | | | |
| Tdap or Td Booster | | | | Tdap is preferred for the 7 th grade requirement but Td is acceptable. | |
| Polio | | | | | |
| Haemophilus Influenzae b (Hib) | | | | | |
| Pneumococcal | | | | | |
| Measles, Mumps, and Rubella (MMR)* 1 st dose must be received on or after the 1 st birthday | | | | | |
| Measles (Rubeola, 10 day, red measles)** | | | | | |
| Mumps** | | | | | |
| Rubella (German measles, 3 day measles)** | | | | | |
| Hepatitis B (HBV) | | | | | |
| Varicella (Chickenpox) Must be received on or after the 1 st birthday | | | | | If a student has had the chickenpox disease, parent must sign to the right. |
| Hepatitis A (HAV) 1 st dose must be received on or after the 1 st birthday. | | | | | |

SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

1. Date of Unconditional Admission – ALL REQUIREMENTS MET: _____

2. Date of Conditional Admission: _____

3. Exemption was granted for:
☐ Medical Reason
☐ Religious Reason
☐ Personal Reason

4. Date Immunizations verified by:
☐ Physician Record
☐ Parent Record
☐ Health Dept. Record

My student has had the chickenpox disease, and therefore, does not need the Varicella vaccine.

Signature of Parent/Guardian _____

Date _____

Utah Department of Health
Division of Community and Family Health Services
Immunization Program 03/08

I have reviewed the records available, and to the best of my knowledge, this student has received the above immunizations.

Authorized Signature _____ **Date** _____

☐ Physician ☐ School or Early Childhood Program Official ☐ Health Authority

APPENDIX E - Utah Immunization Program Sample Forms

INSTRUCTIONS

1. The minimum re-

quired immunizations for school entry include:

- 5 doses of DTaP/DT/DT - 4 doses are acceptable if the 4th dose was given after the 4th birthday: 3 Td required if started after 7 years of age.
- 1 Booster dose of Tdap or Td - Required for students born after July 1, 1993, prior to entering 7th grade.
- 4 doses of Polio - 3 doses are acceptable if the 3rd dose was given after the 4th birthday;
- 2 doses of Measles - required for all students kindergarten through grade 12. The first dose of measles containing vaccine must be given on or after the 1st birthday.
- 2 doses of Mumps - required for all students kindergarten through grade 12. The first dose of mumps containing vaccine must be given on or after the 1st birthday.
- 2 doses of Rubella - required for all students kindergarten through grade 12. The first dose of rubella containing vaccine must be given on or after the 1st birthday.
- 3 doses of Hepatitis B - required for students born after July 1, 1993 prior to entering kindergarten. Required for students born after July 1, 1993, prior to entering 7th grade.
- 1 dose of Varicella (chickenpox) - required for students born after July 1, 1996 prior to entering kindergarten. Required for students born after July 1, 1993, prior to entering 7th grade. Dose must be given on or after the 1st birthday. Parent/Guardian must sign on reverse side verifying history of disease.
- 2 doses of Hepatitis A - required for students born after July 1, 1996 prior to entering kindergarten. The first dose of Hepatitis A must be given on or after the 1st birthday.
2. Children enrolled in Early Childhood Programs must be immunized appropriately for their age for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus influenzae type b (Hib), Hepatitis A, Hepatitis B, Pneumococcal, and Varicella.
3. Fill in (print or type) student's name, gender, and date of birth.
4. Fill in (print or type) name of parent/guardian, mailing address, city, zip code, and telephone number. Parent/Guardian must sign.
5. Written proof is required to verify the student's immunizations. Proof may be obtained from physician records, health department records, or parent/guardian records. Parent/guardian records may be accepted if they indicate the student's name, date of birth, type of vaccine administered, specific dates of immunization, and the name of physician or health care facility administering the vaccine.
6. Transcribe the month, day, and year of each immunization received by the student in the appropriate box.
7. Complete the "SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY" box.
 - a. Determine if admission requirements for all required immunizations have been met. If all requirements have been met, enter "Date of Unconditional Admission - ALL REQUIREMENTS MET". If all requirements have not been met, but the student has received at least one dose of each required vaccine, enter "Date of Conditional Admission" and explain the process of completing required immunizations to parent/guardian.
 - b. If a student is exempted for medical reasons and the duration of the medical condition is temporary, enter "Date of Conditional Admission". Upon expiration of temporary status, immunizations shall be required. If the medical exemption is permanent, the student shall be considered as having met all requirements. Complete date for ALL REQUIREMENTS MET and check the box marked medical exemption granted.
 - c. If a student is exempted for religious or personal beliefs, the student shall be considered as having met all requirements. Complete date for ALL REQUIREMENTS MET and check the box marked religious or personal exemption granted.
 - d. Fill in date(s) immunization records were verified.

8. Complete authorized signature and date.

9. Exemption Procedures:

- A. **MEDICAL EXEMPTION:** If a medical exemption is claimed, a Medical Exemption Form must be completed and signed by the student's licensed physician (Utah Statutory Code - Section 53A-11-302). The Medical Exemption Form may be obtained from the student's physician. It must indicate whether the exemption is to one or all immunizations. The WHITE and YELLOW copies will be given to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain in the child's medical record.
- B. **RELIGIOUS EXEMPTION:** If a religious exemption is claimed, a Religious Exemption Form must be completed and signed by the parent/guardian. The Religious Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Religious Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain with the local health department.
- C. **PERSONAL EXEMPTION:** If a personal exemption is claimed, a Personal Exemption Form must be completed and signed by the parent/guardian. The Personal Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Personal Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official.

Additional copies of this guidebook may be obtained by contacting:

**Utah Immunization Program in writing at
Utah Department of Health
Immunization Program
P.O. Box 142001
Salt Lake City, Utah 84114-2001
(801) 538-9450 phone
(801) 538-9440 fax**

This guidebook is also available in an electronic form.

To download copies of this guidebook, visit

www.immunize-utah.org

go to School/Child Care Information link

